

POSITION	ID NO.	DATE
CLASSIFIER	19	5/2/91
EXAMINER	353	5-4
TYPIST	18	5-26
VERIFIER	200	5-16-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date			
Final	Original	3/9	9/9	3/9
1	✓	=	✓	=
2			✓	
3			✓	
4	✓	0		
5			✓	
6			✓	
7			✓	
8			✓	
9			✓	
10	✓	0		
11			0	
12			✓	
13	✓			
14			0	
15			0	
16			✓	
17			0	
18	✓	0		
19	✓			
20			✓	
21	✓			
22			✓	
23			✓	
24			✓	
25			✓	
26			✓	
27	✓	0		
28			✓	
29			0	
30			✓	
31			✓	
32			✓	
33	✓	0		
34			✓	
35			✓	
36			✓	
37			✓	
38			✓	
39			✓	
40	✓			
41			✓	
42	✓	0		
43	✓			
44			✓	
45			✓	
46			✓	
47			✓	
48			✓	
49			✓	
50	✓	✓	✓	✓

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SYMBOLS	
✓	Rejected
—	Allowed
— (Through number)	Cancelled
—	Restricted
—	Non-elected
—	Interference
—	Appeal
0	Objected

Claim	Final	Original	3/9	9/9	3/9	9/9
51	✓	=	0	=		
52				✓		
53				✓		
54				✓		
55				✓		
56				✓		
57				✓		
58				✓		
59				✓		
60			✓	✓	✓	✓
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